

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for class c non emergency
transportation from Helping Hearts Home Care,
LLC dba HH Home Care

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Candy Richards

Telephone: 8643813794

Address: 132 Waxberry Ct

Fax: _____

Boiling Springs, SC 29316

Other: _____

Email: helpingheartshomecarellc@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAR 16 2022
PSC SC
FILE / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 02/28/2022

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Helping Hearts Home Care, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
- 1012 Hayne St Unit B Spartanburg, SC 29301
Street Address of Applicant
- Mailing Address of Applicant (if different from street address)
- 864-274-3985
Phone
- Fax
- helpingheartshomecarellc@yahoo.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u> | | <u>Liabilities:</u> | |
|-------------------------------------|-------------------------------------|------------------------------|----------------------|
| Value of Real Estate | <input type="text"/> | Mortgage/Loan on Real Estate | <input type="text"/> |
| Value of Motor Vehicles | <input type="text" value="8,000"/> | Loans Owed on Motor Vehicles | <input type="text"/> |
| Cash on Hand | <input type="text" value="41,000"/> | Business/Other Loans Owed | <input type="text"/> |
| Cash in Bank | <input type="text" value="41,000"/> | Other Liabilities or Debts | <input type="text"/> |
| Value of Other Assets and Equipment | <input type="text"/> | Total Liabilities | <input type="text"/> |
| Total Assets | <input type="text" value="49,000"/> | | |

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$25-\$30

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

| | | | | |
|-------------------------------------|---------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input checked="" type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input checked="" type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT | WHEEL- CHAIR LIFT |
|------|----------------------|--------------------|--------------|-------------------------|
| 2010 | Ford Transit Connect | NM01LS7DN5AT017816 | 4,900 | no |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Helping Hearts Home Care, LLC

Name of Applicant

1012 Hayne St Unit B Spartanburg, SC, 29301

Address of Applicant

Amount of Premium:

Liability Insurance \$ 1537.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

| | | |
|-----------------------------------|--------------|-----------|
| Liability Combined Each Occurance | \$ 1,000,000 | 1,000,000 |
| Medical Payments per Person | \$ 1,000 | 1,000 |

Progressive Commercial

Name of Insurance Company

PO Box 6807 Cleveland, OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Helping Hearts Home Care / Candy Kellars
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R 103-100 through R 103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R 38-400 through R 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Candy Richards
Applicant's Signature

Candy Richards (owner)
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Spartanburg)

SWORN TO BEFORE ME
This 28th day of February, 2022

Adriana R. Klingler
Notary Public

Commission Expires 12/31/2030



Print Application

HELPING HEARTS HOME CARE, LLC
1012 HAYNE ST UNIT B
SPARTANBURG, SC 29301

Underwritten by:
Progressive Northern Insurance Co
March 9, 2022
Policy Period: Mar 9, 2022 - Mar 9, 2023
Page 1 of 3
Customer Phone number: 1-864-274-3985

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through agent.progressive.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Home Health Care

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

| | |
|--------------------------------|------------|
| Total policy premium | \$1,537.00 |
| Paid in full discount | -164.00 |
| Policy premium if paid in full | \$1,373.00 |

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments |
|-----------------------------|---------------|-----------------|--|
| 11 Payments, 9.09% Down | \$1,537.00 | \$141.54 | 9 payments of \$142.55 and 1 of \$142.51 |
| 10 Payments, 10.0% Down | \$1,537.00 | \$155.50 | 9 payments of \$156.50 |
| 11 Payments, 12.50% Down | \$1,537.00 | \$193.88 | 9 payments of \$137.32 and 1 of \$137.24 |
| 11 Payments, 16.67% Down | \$1,537.00 | \$257.89 | 9 payments of \$130.92 and 1 of \$130.83 |
| 10 Payments, 20.0% Down | \$1,537.00 | \$309.00 | 8 payments of \$139.45 and 1 of \$139.40 |
| 6 Pay, Seasonal, 20.0% Down | \$1,537.00 | \$309.00 | 5 payments of \$248.60 |
| 10 Payments, 25.0% Down | \$1,537.00 | \$385.75 | 8 payments of \$130.92 and 1 of \$130.89 |
| 4 Pay, Seasonal, 25.0% Down | \$1,537.00 | \$385.75 | 3 payments of \$386.75 |
| 2 Payments, 50.0% Down | \$1,537.00 | \$769.50 | 1 payments of \$770.50 |

Make payments by mail or at agent.progressive.com. Each payment includes a \$6.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments |
|-----------------------------|---------------|-----------------|--|
| 1 Payment | \$1,373.00 | \$1,373.00 | None |
| 11 Payments, 9.09% Down | \$1,616.00 | \$148.72 | 9 payments of \$152.73 and 1 of \$152.71 |
| 10 Payments, 10.0% Down | \$1,616.00 | \$163.40 | 9 payments of \$167.40 |
| 11 Payments, 12.50% Down | \$1,616.00 | \$203.75 | 9 payments of \$147.23 and 1 of \$147.18 |
| 11 Payments, 16.67% Down | \$1,616.00 | \$271.06 | 9 payments of \$140.50 and 1 of \$140.44 |
| 11 Payments, 20.0% Down | \$1,616.00 | \$324.80 | 10 payments of \$135.12 |
| 10 Payments, 20.0% Down | \$1,616.00 | \$324.80 | 8 payments of \$149.47 and 1 of \$149.44 |
| 6 Pay, Seasonal, 20.0% Down | \$1,616.00 | \$324.80 | 5 payments of \$264.24 |

Premium discounts

| | |
|--------------------|---|
| Policy | Electronic Funds Transfer and Multi-Product |
| Form QUOTE (03/17) | |

Business Entities Online

File, Search, and Retrieve Documents Electronically

Helping Hearts Home Care, LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 07/09/2021

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: Candy Richards

Address: 367 Bright Wick Ct
Boiling Springs, South Carolina 29316

Official Documents On File

| Filing Type | Filing Date |
|---|-------------|
| Notice of Change of Designated Office, Agent or Address of Registered Agent | 11/29/2021 |
| Amended Articles of Organization | 08/04/2021 |
| Articles of Organization | 07/09/2021 |

Former Names

| Name | Filing Date |
|-------------------------------------|-------------|
| Caring Hearts Home Health Care, LLC | 07/12/2021 |

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

This filing has been submitted and filed successfully.

Customer Receipt**Request Certified Documents**

Submit a document request at
<https://businessfilings.sc.gov/BusinessFiling/Entity/DocumentRequest>

Transaction Information**Transaction ID: 918799 .****Entity Name:** Helping Hearts Home Care,
LLC**Receipt Date:** 12/1/2021 1:56:38 PM**Payment Type :** Check**Name :** Helping Hearts Home Care,
LLC**Check Number :** 27772304040**Note:** Your bank statement may reflect that the charge was made by SC.gov.**Charges****Pricing Summary**

| Item | Price |
|--|----------------|
| Notice of Change of Designated Office, Agent or Address of Registered Agent | \$10.00 |
| Total Cost | \$10.00 |
| Total Amount Paid | \$10.00 |

Filing Information**Contact Information****Name:** Helping Hearts Home Care, LLC**Address:** 1012 Haynes St
Spartanburg, South Carolina 29301**Documents Filed**

| Filing ID | Filing Type |
|------------------|--|
| 211201-1356396 : | <u>Notice of Change of Designated Office, Agent or Address of Registered Agent</u> |